MONASTIC MEDICINE:
PRACTICE IN THE 21ST CENTURY

Prof. [Dr. of Med.] Charles McWilliams
Grand Master, Sacred Medical Order • Knights of Hope
Dean, PanAmerican University of Natural Sciences & Medicine Nevis, West Indies
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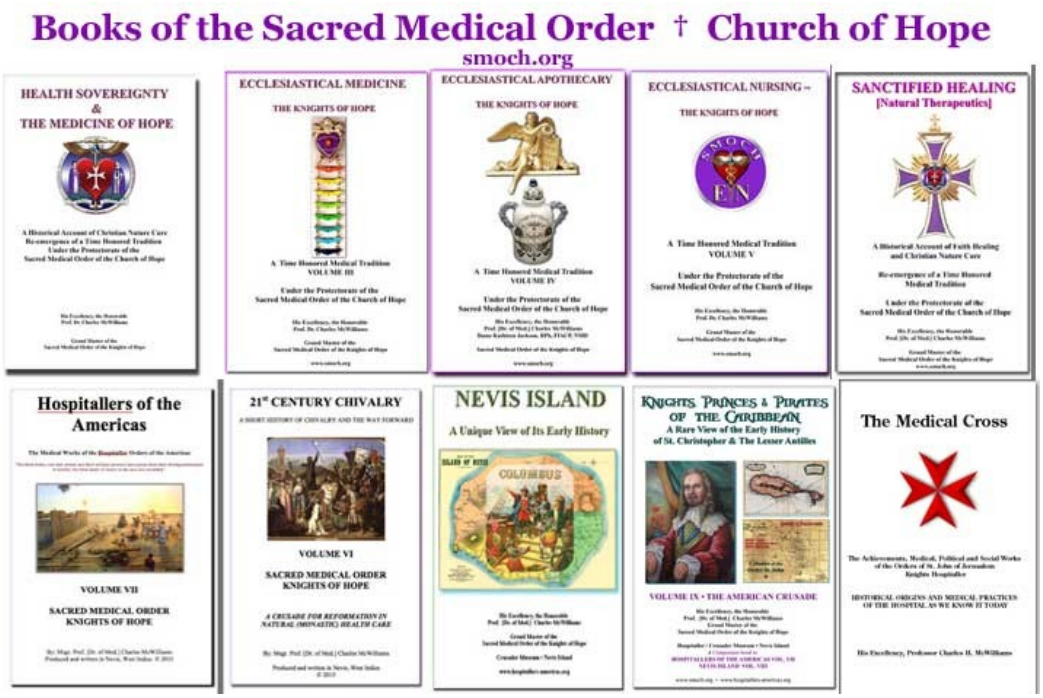
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1. Introduction

The Middle Ages spans a period of over a thousand years from the 5th to the 15th centuries following the collapse of the Roman Empire. During the Middle Ages, the monasteries were the primary source of formal medical care and education by the monks and nuns maintaining medical facilities such as hospitals, infirmaries, and herb gardens. In the early

to late Middle Ages, the dire prevalence of contagious illness and disease greatly influenced the practices and development of formal medical care. As a result of poor living conditions, contagion, plagues, malnutrition, food poisoning, wars, and the limitations of medieval medicine, disease was a constant peril in Christendom and the Levant and often controlled people's daily lives. In response to illness in general and to large-scale epidemics of dreaded diseases such as the black plague, leprosy, and dysentery, individuals, the Church, and societies searched for new, more effective means of medical care. In this context, medicine expanded into a large and important vocations and occupations, encompassing a variety of practices which the Church formalized into a system called today "monastic medicine". Parallel to this period, other forms of medicine included barber-surgery, magical medicine, folk medicine, midwifery, and herbalism.

Over two millennia, Christian doctors and nurses, inspired by the Bible, the healings and teachings of Jesus of Nazareth and his Apostles, have been at the forefront of efforts to alleviate human suffering, cure disease, and advance knowledge and understanding throughout the old and new worlds. One of the most important medical developments of this time was the introduction of medieval monastic hospitals, which arose as a source of medical care in the early Middle Ages. Monastic health care was a result of the work of educated monks with literacy and access to historical documents containing medical information and with a calling to serve God by helping people as their vocation. Between 500 and 1300 A.D., monastic hospitals served as centers of hospitality in medieval society, offering treatment to not only monks, but also pilgrims to the Levant, rural folks, the indigent, and even nobility. Almost half of the hospitals in medieval Europe were attached to monasteries, or priories of the St. John Knights Hospitaller, and other religious institutions and hospices.

Foundational monastic medicine began to develop in the west when the monastery of Montecassino was founded by St. Benedict of Nursia in 529. Although the monks were largely primary care givers, they focused on natural, physical-based medical practices, including well-respected techniques such as hygiene, herbalism, and dietetics; Galen's bloodletting and other physical treatments were included in the eclectic mix broadly referred to as monastic medicine (Klostermedizin in German). As recorded in the monastery sites, architectural designs and historical church records, a unique feature of the monastic medical systems were its use of these natural treatments as a manifestation or extension of their spiritual or religious medicine rather than purely natural, knowledge-based medicine adopted from the Greeks. This started a revolution in medical care that led today to what is known as nature cure as this article will point out.

2. The Hospital Movement

Before Christianity emerged, there were several hospital-like centers in Buddhist regions. The ancient Greeks practiced simple but unique forms of medicine and Greek temples included enormous buildings and places where the sick could recuperate, sleep and receive medical help. The Romans established some military hospitals called the xenodochia. However, it was the Christians of the Roman Empire who began to change society's attitude toward the sick, disabled and dying, by their radically different, humane outlook.

The Graeco-Roman world in which Christianity appeared was often cruel and inhumane. The weak and the sick were avoided and despised and viewed as being corrupted with sin. Abortion, infanticide, crude surgery, and even poisoning were widely practiced. Among the

doctors of the classical world only the Hippocratic band of physicians had a different attitude to their fellow human beings. They swore oaths to heal and not to harm and to carry out their duty of sincere care to the sick.
However, it wasn't until Emperor Constantine granted the first Edict of Toleration in AD 311, that Christians were allowed public expression to their ethical convictions and undertake social reform. From the fourth-century to present times, Christians have been especially prominent in the planning and building of hospitals. Cities with significant Christian populations had begun to change prevailing attitudes, and were beginning to build also hospices (guest houses for the sick and chronically disabled) and monasteries.

Stories of Christian charity had enormous impact on society and history, even before Constantine's decree of toleration. Clement, a Christian leader in Rome at the end of the first century of the Christian era, records how the Christian community was already relieving the plight of poor widows. In the second century when plague hit the City of Carthage, pagan households placed sufferers onto the streets and drove them into the wilderness. The entire Christian community, led by their bishop, responded in kind. They were on the streets, offering comfort and taking them into their own homes to be cared for.

As political freedoms increased, so did Christian activity. The poor were fed, cared for and given free burial. Orphans and widows were protected and provided for. Elderly men and women, sick prisoners and slaves and other outcasts, especially the lepers, were cared for, notably by the Hospitaller Order of St. Lazarus. These acts of generosity and compassion impressed many Roman writers and philosophers from where we obtain record.

In AD 369, St Basil of Caesarea, in Cappadocia, Asia Minor, founded a 300 bed hospital, an enormous milestone at that time which some writers considered a wonder of the world. This was the first large-scale hospital for the seriously ill and disabled. It also cared for victims of the plague. There were hospices for the poor and aged isolation units, wards for travelers who were sick and a leprosy house. It was the first of many to be built by the Christian Church and the Knights of Lazarus.
During the Dark Ages in this geographical area called Christendom (476-1300), rulers influenced by Christian principles encouraged building of hospitals.

Charlemagne, the King of the Franks from 768, the King of Italy from 774, and from 800 the first emperor in western Europe since the collapse of the Western Roman Empire, decreed that every cathedral should have a school, monastery and hospital attached. Members of the Benedictine Order dedicated themselves to the service of the seriously ill; to 'help them as would Christ'. Monastic hospitals and thus monastic medicine were founded on this principle.

In the later Middle Ages, in cities with large Christian populations, monks began to 'profess' medicine and care for the sick. Monastic infirmaries were expanded to accommodate more of the local population and even the surrounding areas. A Church ban on monks practicing outside their monasteries gave the impetus to the training of lay physicians. It was contended that this ‘for-profit’ motive interfered with the spiritual duties of monks. So gradually cathedral cities began to provide more large public hospitals with the support of the city fathers and this moved medical care more into the secular domain.

Nevertheless, expansion of health care by the secular authorities continued to be challenged and stimulated by the Church's example. Eventually there were few major cities

or towns were without a hospital. And there were particular diseases, such as leprosy, where the Church, inspired by the example of Jesus who made a point to touch and heal these outcasts from society, e.g. Lazarus of Bethany, a figure in the Gospel of John, which describes him being raised by Jesus from the dead, took prominence. The Church and the Knights of St. Lazarus built countless leprosy isolation hospitals. Even though actual medical knowledge was meager when compared to modern standards, the efforts of the Christian Church nevertheless brought relief and mitigation of suffering to thousands of sick people. And perhaps just as importantly, it heralded a new, more humane attitude to the sick and elderly.

3. Monasteries in Decline

The contemporary history of medicine actually begins with the decline and loss of monastic medicine. Renaissance Europe redefined material worth at this time, as the hereditary feudal system began to give way to an economy dominated by the rising middle class. In his discussion of overwhelming cultural changes that followed the English Reformation, Norman Jones points out that the dissolution of the monasteries was driven as much by economics as by religious abandonment. Property ownership was the great motivator of the Reformation.

The Dissolution of the Monasteries, sometimes referred to as the Suppression of the Monasteries, was the set of administrative and legal processes between 1536 and 1541 by which Henry VIII disbanded monasteries, priories, convents and friaries in England, Wales and Ireland, appropriated their income, disposed of their assets, and provided for their former members and functions. He was given the authority to do this in England and Wales by the Act of Supremacy, passed by Parliament in 1534, which made him Supreme Head of the Church in England, thus separating England from Papal authority. The Reformation deprived many suffering and disabled people of their only means of support and medical care. Patients of hospitals like St Thomas' and St Bartholomew's, founded and run by monastic orders, were likewise abandoned.

At the dawn of the renaissance, Christian, monastic medicine and hospitals declined in faith and numbers, partly also as a result of church imposed doctrines. Many monks turned towards monetary profit by practicing secular medicine and began to join in marriage. As monks began to focus solely on medicine as a secular, for profit vocation, however, the church restricted natural medical practices in order to reform the monastic orders and regroup them to their original spiritual mission. They did this by mainly limiting the medical role of the clergy. The historical records show that interdictions of the church contributed to the decline of monastic medicine, as well as its eventual disappearance and subordination to physical, secular medical care in the Renaissance to our modern times. Thus the practice of medicine became a purely secular practice.

There were many other influences, though, that began to distance the monasteries from medical practices. The most important was the beginning of medical faculties at universities starting at Salerno (Schola Medica Salernitana was the world's first medical school). With this new development came the broadening of learned medical practice into the secular world, and the fundamentally different role of medicine as concerned only with the health of the body without any further appeal to the health of the soul. In addition, the growing autonomy of cathedral schools, although administered by the clergy, also had a strong secular influence on the subjects taught and the purpose of education. These schools

exhibited a strong intellectual freedom from the monasteries and included the study of medicine in a larger curriculum of arithmetic, astronomy, mechanics, geometry, and music - all of which served to further establish medicine as a scientific endeavor rather than a religious one.

Thus, the monastic medical system represented a transitional period in the history of medicine during which natural, physical medicine and principles of spiritual healing which previously and uniquely coexisted. One of the most significant contributions of the monastic community to the field of medical knowledge was its role in copying manuscripts. Physicians were trained primarily through Latin texts and, in a culture where few people could read or write, the monks served as propagators of knowledge. The ability to practice physical medicine in this religious context was based on the subordination of this practice to the predominant realm of spiritual belief and was fostered by the doctrine that the effectiveness of physical medicine was possible only because of this spiritual association with God's Grace and the religious base for physical treatments.

Despite the continuing "secularization" of medicine, however, the Church still seems to have remained committed to the practice of monastic medicine within certain bounds. Monastic medicine was being called "pastoral medicine" and was considered by the Catholic Church especially important for missionaries in rural outposts around the world where doctors were not available. Likewise, the society at large, even while regulating the practice of medicine through secular restrictions and license, still allowed and even accommodated the monastic role in medicine in a new form called nature cure.

4. The New Face of Monastic Medicine

It was not until the 18th century that the Christian medical movement re-emerged. The religious revival sparked in England by the preaching of John Wesley unleashed a Christian energy throughout the 'Enlightenment' of Western Europe. It rekindled Christians to remember the poor and needy in their communities. They came to understand afresh that bodies needed tending as much as souls. Best known as the founder of Methodism, John Wesley (1703-1791) was also deeply committed to the democratization of medicine. Wesley, an advocate for social justice, recognized that medicine in England was increasingly available only to the wealthy, partly due to a shortage of physicians during a time of great population growth in England.

John Wesley (1703-1791) was not only the founder of Methodism but also wrote widely in other areas of concern. Wesley realized that medicine in England was available only to the wealthy. His aim in the book Primitive Physick was to bring practical medical advice to workers and others who could not afford private doctors. Wesley first published his book anonymously in 1747. Not until 1760 did he place his name on it. It became enormously popular offering advice to the home and families for natural self-care.

John Wesley (1704-1791) also helped to pioneer the use of electricity for the treatment of illness. In 1760 he published The Desideratum, or Electricity made Plain and Useful by a Lover of Mankind and of Common Sense, based on his use of electricity in free medical clinics which he had established for the poor in Bristol and London. Although not widely appreciated by either science or medicine, several historians have credited Wesley with being one of the most notable electrotherapists in the eighteenth century and with stimulating nineteenth century developments in psychiatry and general medicine. Wesley

lists 37 ailments in which electrification had been found eminently useful. In the tradition of English parish priests, he combined treatment for illness with spiritual evangelism -a combination which characterized much of the Methodist movement, which Wesley founded. Basically, Wesley was an addition to and re-emergence of prior monastic medical practices.

The medicine and viewpoints of Christian Friedrich Samuel Hahnemann, founder of homeopathy, and most certainly influenced by Paracelsian philosophy, created quit a stir in the new medical world as well. These were the days that relied on an awkward collection of rationales for its recommended therapeutics. Bloodletting, purging, cathartic (laxative) and diaphoretic (sweating) treatments, all were rationalized as necessary to balance humors according to Hippocrates and eliminate noxious toxins from the body, was part and parcel of monastic medical practices. Botanicals and heavy metals such as mercury were used in formulary combinations often better known to the apothecaries than to the prescribing physician, which did not permit accurate reflection on the curative effects of individual constituents. Hahnemann questioned the prevailing Materia Medicas of the times. The Organon of the Healing Art (Organon der rationellen Heilkunde) by Hahnemann, 1810, laid the foundations of classical homeopathy and a miasmatic theory of disease. This could be viewed as a new elaboration of the theory of Galen's noxious humors. Hahnemann's contributions to the development of a rational basis for healing are many and he is credited for bringing bloodletting to an end in both the old and new world. He was an early voice in disfavor of bloodletting as a routine adjunctive treatment.

He was early among his colleagues in appreciating the infectious and contagious character of many diseases, and in drafting hygienic recommendations. His aphorisms 210-230 are an effective argument dismantling the Cartesian mind-body dichotomy that haunts conventional medicine to this day.

Of all barefoot Nature cures inspired by the earlier practices of monastic medicine, the most renowned was the one initiated by the Bavarian priest, Father Sebastian Kneipp, whose influence survived into the age of antibiotics. Father Kneipp had his interest kindled in youth by a chance reading of a hydropathist manual of Hahn. Father Kneipp practiced the water cure, as modified by himself. In 1854 he became known as the 'cholera vicar' as a result of saving many lives in a village epidemic. His growing fame embarrassed his Dominican masters, who made him almoner of a convent at Wörishofen; but soon he was treating not only local peasants but also Austrian grand dukes and French noblemen.

Reverend Sylvester Graham (1795-1851) was another Christian practitioner of nature cure tradition as well as having invented and becoming famous for his Graham Crackers in 1829. Graham was a Presbyterian minister and avid vegetarian, who promoted the use of unsifted and coarsely ground wheat flour for its high fiber content. The flour was nicknamed "graham flour" after Minister Graham, the main ingredient in the crackers. In 1831 and 1832, at the invitation of New York's temperance leadership, the Philadelphia activist delivered lectures on the relationship between diet and disease. New Yorkers, Graham argued, had been fatally weakened in their ability to resist epidemics by the improper eating habits spawned by big-city life. This was later proven when the infamous influenza pandemic swept through the United States in 1918, killing millions. Graham opposed the use of stimulants--not only liquor, wine, and cider but tea, coffee, and tobacco. He denounced urban bakers who used 'refined' flour--stripped of husks and dark oleaginous germ and whitened with 'chemical agents' because it baked more quickly than

traditional bread, even though the result was an almost crustless loaf without granular texture or nutritional value. Graham had many devoted followers, known as Grahamites, who followed his principles, which included temperance, sexual restraint, and baths, in addition to vegetarianism. He was so famous that his lectures on proper living were attended by thousands, and he was able to hold his audiences spellbound.

Emanuel Felke, a German pastor (1856-1926), was converted to the nature cure not from his own ill health, but from his success in treating his own congregants during epidemics. His first introduction to alternative healing methods came from the herbal teas and homeopathic remedies used by his own father. During a local epidemic of diphtheria, he successfully treated the sick children of his parishioners with a homeopathic remedy and soon everybody came to him for medical advice. He studied the nature cure methods of Priessnitz, Kneipp, and others and also became well versed in diagnosis of disease through facial and iris diagnosis. It has been estimated that he probably saw nearly half a million patients who consulted him during his lifetime.

European herbalism owes much to the work of monastic monks and herbalists who sought ways of maintaining health naturally so that medical interventions, such as surgery and drugs, would not be needed. Johann Kuenzle (1857-1945) was Switzerland's most famous herbalist. Johann Künzle was a catholic priest and also a popular healer. His small book, Herbs and Weeds (published in 1911 and revised in 1975), sold over one million copies in Europe. He was a student of Sebastian Kneipp (1821 Germany – 1897), who was a Bavarian priest and one of the founders of the emerging Naturopathic medicine movement. He is most commonly associated with the "Kneipp Cure" form of hydrotherapy, a system of healing involving the application of water through various methods, temperatures and pressures.

5. Naturopathy Arrives

The term "naturopathy" is derived from Greek and Latin, and literally translates as "nature disease". Modern naturopathy grew out of the monastic medicine and Nature Cure movements of Europe. The term was coined in 1895 by John Scheel and popularized by Benedict Lust, the "father of U.S. naturopathy" who began his career by studying with the Bavarian monk, Father Sebastian Kneipp. Lust described the body in spiritual and vitalistic terms with "absolute reliance upon the cosmic forces of man's nature." Most of the early pioneers of naturopathy were devout Christians.

Nature cure was, as Lust put it, "a great sociological movement," a movement that "falls in line with Christ's petition, Thy kingdom come!'" In the kingdom to be created by nature cure, one would find "the new man, the new woman, the new citizen of the coming era, the era of peace and good will to all mankind." The naturopath, another practitioner testified, "believes in his system not only as a science and an art, but as a religion that will, if followed, lead humanity to the heaven of health and happiness."

In that context, it was possible for naturopaths to advocate that the first and still the greatest adherent of the art was none other than Christ; Jesus, one asserted, was "a most proficient Naturopath." Imagining that sort of descent, it made sense for Lust to set forth the revolutionary import of his system by observing that a great spiritual upheaval had

occurred in Western civilization, beginning with Christ and followed by advent of the Hospital, monastic medicine, the Crusades, the Reformation— and now naturopathy.

Naturopathy expected to achieve what earlier religious movements had vainly attempted to do by recruiting errant humanity to what Lust called the "Regeneration Cure," a regimen of right living that restored physical strength and energy while also bringing about a state of "spiritual... rejuvenation." Toward that end of regeneration of body and soul, naturopathy's founder established in rural New Jersey a nature camp of sorts that he called the Yungborn, or fountain of youth.

“Nature is perfect in every way and everywhere," Lust proclaimed as early as 1900; "the new art of natural healing expects everything from nature and is convinced that the simple natural remedies employed can only assist nature to overcome the disease." Such unwavering trust in Mother Nature's kindness resonates throughout naturopathic literature, from a "Naturopath's Creed" that professed belief in nature's "eternal goodness" and "her perpetual efforts toward ever higher construction."

6. Monastic Medicine Revived

The origins of Western science lie in the Scientific Revolution of the 17th and 18th centuries. This event was connected in many ways with other ongoing 'revolutions' – the Gutenberg press, the Protestant Reformation, the rise of mercantile capitalism, the Enlightenment, the Age of Exploration, and the dawning of the Industrial Revolution. During the Enlightenment, there developed a sincere belief that human reason would now come to govern human affairs, thereby replacing "superstition and sentiment." This led people to think that perhaps rational scientific authority would come to supplant 'arbitrary' religious and political authority, and that all that was needed to achieve human liberation was to conquer irrationality, ignorance, and lack of education. This doctrine is what Foucault calls the episteme of the Enlightenment, a set of fundamental assumptions.

The Age of Exploration brought monumental exchanges into Christendom (early Europe) including a change for the better in medicine and nutrition. Contact between Europe and the Americas resulted in a fantastic array of foods newly available to people. The exchange brought potatoes from South America to Ireland and tomatoes from the Americas to Italy. And while the exchange initially affected European and American ways of life, the peoples of Africa and Asia were soon impacted too. Quinine, the alkaline derived from the bark of the quina-quina tree, would prove the most effective treatment for ague (malarial fever), fatigue, and infection in human history. In the decades after the bark of the tree was exported to Europe, every state with imperialist aspirations wanted access to quinine. The Spanish Crown, recognizing quina bark for its power and lucrativeness, monopolized the harvest and export of the medicament. In less than a century, global food production and transportation was radically transformed. With the discovery of the New World, Europe secured enormous tracts of fertile land suited for the cultivation of popular crops such as sugar, coffee, soybeans, oranges, and bananas. Upon introduction of these crops, the Americas quickly became the main suppliers of these foods to most of the world. As a result there was a drastic increase in medical knowledge of herbs.

Today, our understanding of human beings has changed significantly. Living systems have come to be seen as systems of which mind and body are a unit and which are integral parts of larger systems, in permanent interaction with their environment and capable of

constructing their own subjective realities. These views challenge both dualistic nature of human beings and exclusive viability of positivism to pursue knowledge that is not "objective." Thus, today's scientific philosophical system holds that every rationally justifiable assertion can be scientifically verified or is capable of logical or mathematical proof, and that therefore rejects metaphysics and theism.

From a historical and developmental viewpoint, the author argues that an emerging new field of 'integrative medicine' is simply a re-emergence of the original monastic medicine. Many may never heard of monastic medicine, and as late as a decade ago, may have never heard of integrative medicine, but this holistic movement has left its imprint now on many of the world's hospitals, universities, and medical schools. Both doctors and patients alike are bonding with the philosophy of integrative medicine and its whole-person approach -- designed to treat the person, not just the disease, as monastic medicine insisted.

Monastic Medicine: charitable medical services rendered to the poor using natural agents such as food, herbs, and water; and supernatural agents including spiritual counseling, prayer, divination, worship, fasting, and hygiene. As a medico-religious art it encompasses health care through body-mind-spirit as understood as today's homeostasis, encompassing a system of beliefs that are based on treatment of God given functions through achieving balance of mind-body-spirit, the removal of internal congestion and the promotion of the body's own inherent healing powers. (Author's modern definition)

Holistic Medicine is still considered an 'alternative medicine', a form of complimentary and integrative medicine that focuses on personal accountability for one's health, the human body's ability to heal itself and balancing the body, mind and spirit with the environment. Holistic medicine encompasses acupuncture, biofeedback, faith healing, folk medicine, herbalism, homeopathy, meditation, megavitamin therapy, yoga, and many more. Holistic medicine has its roots in several ancient healing traditions that stress healthy living and being in harmony with nature. Socrates promoted a holistic approach. Plato was another advocate of holism, advising physicians to respect the relationship between mind and body. Hippocrates emphasized the body's ability to heal itself and cautioned physicians not to interfere with this process. It was not until 1926, however, that Jan Christian Smuts coined the term "holism", defined as "the tendency in nature to form wholes that are greater than the sum of the parts through creative evolution". This gave impetus to the more integrated concept of psychosomatic medicine now known as holistic and now integrative medicine.

The terms "complementary medicine" and "alternative medicine" are used interchangeably with "traditional medicine" in some countries. The comprehensiveness of the term "traditional medicine" and the wide range of practices it encompasses could make it difficult to define or describe, however in other cases, as in Traditional Chinese Medicine (TCM) including acupuncture, is now practiced worldwide. Traditional Ayurvedic medicine of India has also been disseminated worldwide. As this article points out, naturopathy proper, which has also been disseminated worldwide, is a continuance of a traditional medicine, as defined, practiced as monastic medicine in Christendom and the Levant (in medieval times, Europe was not yet an established sociopolitical entity. The region that was to evolve through the Middle Ages into Europe was known as Christendom, reflecting the idea that its inhabitants were not only mostly Christian, but that those Christians felt a certain sense of shared identity with the other Christians in Christendom).

7. Summary

This brief history shows how monastic medicine emerged into nature cure which then migrated to the America's and developed into naturopathy and became the parent of western natural and holistic forms of medicines as we know it today. Most of the nature cure advocates were devout Christians, priests like Father Sebastian Kneipp, Rev. Sylvester Graham, Rev. Kuenzle, Rev. John Wesley, and many others. Monastic medicine and Christian hospitals played a large part in the provision of medieval medicine. Virtually every monastery had an infirmary for the monks or nuns, and this led to provision being made for the care of secular patients. The hospital as we know it today started with this culture and has left an indelible mark on the landscape of humanity and of Christianity.

An intangible cultural heritage as promoted by UNESCO refers to: "the practices, representations, expressions, knowledge, skills – as well as the instruments, objects, artifacts and cultural spaces associated therewith – that communities, groups and, in some cases, individuals recognize as part of their cultural heritage. This intangible cultural heritage, transmitted from generation to generation, is constantly recreated by communities and groups in response to their environment, their interaction with nature and their history, and provides them with a sense of identity and continuity, thus promoting respect for cultural diversity and human creativity". Monastic medicine fully complies with this definition and comprises the following:

- A medical tradition handed down in the monasteries of Christendom and the Levant as monastic physicians relied on medieval medical texts for theoretical explanations of the efficacy of herbs, based on Galen's theory of four humors, and disease based on the texts of Hippocrates, these monasteries being the safeguarding repositories of these ancient texts and teachings throughout the middle age;
- Monks believed that the divine origin of herbs remained a primary reason for their healing powers: "A dependence on the power of herbs . . . without reference to their Creator [God] was regarded as improper for a Christian". Because God "causes herbs to grow," their medical utility is fundamentally spiritual. In addition, many plants were used by monks and Christian healers in sacred rituals and ceremonies. They often had "well-known symbolic association" and appealed to spiritual bases, as well as physical effects in medical care;
- Monk physicians relied on medieval medical texts for explanations of nature and the universe such as theories of magic, metaphysics, and medical astrology;
- The Hospitaller Orders in their practice of skills and craft employed specialist physicians and surgeons, male and female nurses, midwives and wet-nurses as well as the brothers of the Order who also acted as nurses and orderlies, and priests. Their hospitals were open to all men and women regardless of class, race or creed with the understandable exception of lepers who came to be catered for by the Order of St. Lazarus. Each patient had their own bed (almost unheard of below the level of aristocracy) and good food. There was usually a maternity wing and a crèche for orphaned babies. All of this was generally provided as a free, Christian charity;
- Over two millennia, Christian doctors and nurses, inspired by the example and teaching of Jesus of Nazareth, have been at the forefront of efforts to alleviate human suffering, cure disease, and advance knowledge and understanding of medicine. From the fourth-century to present times, Christians have been especially prominent in the planning, siting and building of hospitals, as well as fundraising for them. Monastic hospitals were founded on this principle.

Monastic medicine is constantly recreated by communities and groups in response to their environment, their interaction with nature and their history, and provides them with a sense of identity and continuity, going by such recreations as naturopathy, nature cure, clerical medicine, pastoral medicine, hydropathy, holistic medicine, and others.

The author and this Sacred Medical Order is confident that the creation and transmission of this knowledge base system remains a relevant model for the present challenges in medicine both urban and rural, and is need of urgent safeguarding. What began as monastic medicine for over a millennia has left an indelible mark on the variants grouped today known as “complementary” and “alternative” medical practices.

As defined by the World Health Organization: The terms "complementary medicine" or "alternative medicine" are used inter-changeably with traditional medicine in some countries. “They refer to a broad set of health care practices that are not part of that country's own tradition and are not integrated into the dominant health care system.”

Monastic Medicine, which descended from Greek and Roman medicine became the predominate form of medical care in Christendom, survived and was revitalized during the reformation, migrated to the America’s and was rebranded naturopathy. Monastic medicine conforms to the WHO definition of Traditional Medicine: the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.

The 2nd general assembly of the Sacred Medical Order, held on Nevis Island, June 7th and 8th, 2014, the Grand Master summarized this presentation to the general assembly and ratified by a written decree to preserve monastic medicine as an intangible cultural heritage. It was signed by over 75 members. This Sacred Medical Order is fully able and prepared to continue this cultural tradition, perpetuating its works and deeds for future posterity.

Many countries today warn of future shortages of doctors, making clergy and the monastic medical care model a logical resource in the immediate future. The WHO’s World Health Report 2006 -working together for health -has brought renewed attention to the global human resources required to promote health. It estimated that 57 countries have an absolute shortage of 4.3 million physicians, nurses and midwives.

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ABOUT THE AUTHOR

Msgr. Prof. [Dr. of Med.] practices modern monastic medicine on Nevis Island where he has serviced more than 7,000 patients for over twenty years. He has authored several books on monastic and ecclesiastic medicine. He currently teaches monastic medicine for the 21st century. http://panamuniversity.org/